

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -5 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000505

1. Corporation Name  
THE SAFE SEAL COMPANY, INC.

Principal Place of Business	Mailing Address
517 SOUTH 16TH ST HOUSTON TX 77061 US	--2 NORTHPOINT PT-- 300 HOUSTON TX 77060 US



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable 2 NORTHPOINT DRIVE	4. Date Incorporated or Qualified To Do Business in Florida 01/29/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 76-0323966
City & State LA PORTE, TX	City & State	Applied For Not Applicable
Zip 77571	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DCER D/P	HAYNES, WILLIAM E	2 NORTHPOINT DR 300	HOUSTON TX 77060 LS
<del>VPAS</del> V/S/T	SCHUGART, CHARLES F	2 NORTHPOINT DR 300	HOUSTON TX 77060
VPAS	HARRINGTON, DOUGLAS R JR	2 NORTHPOINT DR 300	HOUSTON TX 77060
<del>VPAS</del>	<del>KING, JOHN L--</del>	<del>2 NORTHPOINT DR 300</del>	<del>HOUSTON TX 77060</del>
<del>VPAS</del>	<del>LOMBARD, FRANK L--</del>	<del>2 NORTHPOINT DR 300</del>	<del>HOUSTON TX 77060</del>
P-	STERN, KEVIN	517 SOUTH 16TH ST	LA PORTE TX 77571

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 100003047131--1 Suite, Apt. #, Etc. --11/17/99--01054--008 ***758.75 ***758.75 City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, do hereby with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: Connie Bryan SPECIAL ASSISTANT SECRETARY Date: November 4, 1999  
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date: 11-3-99 Daytime Phone #: 281-925-0300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DOUGLAS R. HARRINGTON, JR.